

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33164

FILED NOV 4 1948

State File No.

4154

Registration District No. 17-9

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas city Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 4
In this community 1 year
(Specify whether years, months or days)

3. (a) PRINT
FULL NAMEJohn E Wiles

3. (b) If veteran

name war

none

3. (c) Social Security

No.

none4. Sex Male5. Color or
race white6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife

Mary Pauline6. (c) Age of husband or wife if
alive — years

7. Birth date of deceased

October 2nd 1866
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

81 11 20 29 hr. min.

9. Birthplace

Jamestown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired Lumberman

11. Industry or business

Mathew's Webb city Mo

12. Name

Solomon Wiles

13. Birthplace

Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name

Mary Easley

15. Birthplace

Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant

Lynn E Wiles

(b) Address

Barter Springs Mo17. (a) Removal

(b) Date thereof

10-48
(Month) (Day) (Year)

(c) Place: burial or cremation

Los Angeles Calif

18. (a) Signature of funeral director

France Wornall

(b) Address

K. P. 2nd19. (a) 10-12-48(b) Geraldine Holmes

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3200 Harledge
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd
year 1948 hour 10 h minute 15

21. I hereby certify that I attended the deceased from Sept 5, 1948
Sept Oct 19 48
that I last saw him alive on Sept 30 19 48
and that death occurred on the day and hour stated above.

Immediate cause of death: 1. Apoplexy, cerebral Duration2. Hypertension3. Senile psychosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) P. E. Pearson

(e) Means of injury

23. Signature

P. E. Pearson(M. D. or other) noAddress 1025 R. 1st CityDate signed 10/1/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Forrest Ronald Oldnow
working under my personal supervision.

Registered Apprentice No. 225

Signed

Russell W. France

Licensed Embalmer No. 4295

P. O. Address

K. C. Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAMEJohn E. Wiles

3. (b) If veteran name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

- (b) Address

17. (a) Removal (b) Date thereof 12-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Los Angeles, Calif.

18. (a) Signature of funeral director

- (b) Address

19. (a) 10-12-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him/her on
and that death occurred on the date and hour stated above.
Immediate cause of death

- Due to

- Due to

- Other conditions
(Include pregnancy within 3 months of death)

- Major findings:
Of operations

- Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)

- Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

5-33164